

72
MAY 23 1989

Certified Mail
Return Receipt Requested
Article Number P-561 301 125

Mr. Jim Gilbert
Plant Manager
Norplex/Oak, Inc.
P.O. Box 370
Postville, Iowa 52162

Re: Norplex/Oak, Inc. Facility
EPA ID Number IAD073489288

Dear Mr. Gilbert:

EPA received your company's response to Mr. David Wagoner's April 6, 1989 Request For Information letter on May 3, 1989. After reviewing your company's response, my staff has concluded that your company has adequately addressed EPA's concerns. Therefore, no further submittals are required at this time.

In closing, remember, your company is responsible for maintaining its facility in compliance with the federal hazardous waste regulations. If your company should have any questions concerning this letter, please contact Mr. Brian Mitchell of my staff at (913) 236-2887.

Sincerely yours,

Robert L. Morby
Chief, RCRA Branch
Waste Management Division

cc: Pete Hamlin, IDNR
WSTM/RCRA/IOWA/MITCHELL/bm/DISK4/NOLOC/5-18-89
IA IA RCRA
MITCHELL FLOURNOY MORBY

5-18-89
5/22/89
RC



R00330184
RCRA RECORDS CENTER



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

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Sincerely yours,

A handwritten signature in black ink, appearing to read "R. Morby", written over a large, loopy flourish.

Robert L. Morby
Chief, RCRA Branch
Waste Management Division

cc: Pete Hamlin, IDNR

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>John Gilbert</i> <i>Norplex Oak, Inc</i> <i>P.O. Box 370</i> <i>Postville Ia 52162</i>		4. Article Number <i>P561 301 125</i>
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
		Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X <i>[Signature]</i> N-O	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X		
7. Date of Delivery		



PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

P-561 301 125

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
FOR INTERNATIONAL MAIL
(See Reverse)

Norplex Oak

Sent to	<i>John Gilbert</i>
Street and No.	<i>P.O. Box 370</i>
P.O. State and ZIP Code	<i>Postville, Ia. 52162</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 153-506

PS Form 3800, June 1985